

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/24/2012

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155777		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/10/2012	
NAME OF PROVIDER OR SUPPLIER  CREASY SPRINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1750 S CREASY LN LAFAYETTE, IN47905			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R0000	<p>This visit was for Investigation of Complaint IN00102189.</p> <p>Complaint IN00102189 - Substantiated. State residential finding related to the allegation is cited at R0090.</p> <p>Survey date: January 10, 2012</p> <p>Provider Number: 155777 Facility number: 012285 AIM number: 201006770</p> <p>Survey team: Vanda Phelps, RN</p> <p>Census bed type: SNF 48 SNF/NF 10 Residential 47 Total: 105</p> <p>Census payor type: Medicare 30 Private 75 Total: 105</p> <p>Residential Sample: 3</p> <p>Creasy Springs Health Campus was found to be in compliance with 42 CFR Part 483 Subpart B.</p>			R0000	<p>The submission of this POC does not indicate an admission by Creasy Springs Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Creasy Springs. The facility maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. This POC shall serve as the credible allegation of compliance with all federal and state requirements governing the management of this facility. The provider respectfully request a desk review with paper compliance to be considered in establishing the provider is in substantial compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	This state finding is cited in accordance with 410 IAC 16.2.  Quality review 1/11/12 by Suzanne Williams, RN						

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R0090	<p>(g) The administrator is responsible for the overall management of the facility. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Notice of unusual occurrence may be made by telephone, followed by a written report, or by a written report only that is faxed or sent by electronic mail to the division within the twenty-four (24) hour time period. Unusual occurrences include, but are not limited to:</p> <p>(A) epidemic outbreaks;</p> <p>(B) poisonings;</p> <p>(C) fires; or</p> <p>(D) major accidents.</p> <p>If the division cannot be reached, a call shall be made to the emergency telephone number published by the division.</p> <p>(2) Promptly arranging for or assisting with the provision of medical, dental, podiatry, or nursing care or other health care services as requested by the resident or resident's legal representative.</p> <p>(3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility.</p> <p>(4) Ensuring the facility maintains, on the premises, an accurate record of actual time worked that indicates the:</p> <p>(A) employee's full name; and</p> <p>(B) dates and hours worked during the past twelve (12) months.</p> <p>(5) Posting the results of the most recent annual survey of the facility conducted by state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The results must be available for examination in the facility in a place readily accessible to residents and a</p>						

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	<p>notice posted of their availability. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request</p> <p>Based on record review and interviews, the facility failed to report an event when a fire sprinkler line burst and flooded 1 of 5 halls and necessitated evacuation of the entire hall at 4 a.m. Eleven of 105 residents were displaced from their rooms for five days. (Residents B, C, D, E, F, G, H, I, J, K, L)</p> <p>Findings include:</p> <p>During the orientation tour of 1/10/2012 at 10:40 a.m., the Assistant Director of Nursing indicated 11 of 11 residents on the 400 hall had been displaced from their rooms for 5 days while cleaning and repairs were being done. A sprinkler pipe had burst during the early hours of 1/4/2012 and flooded the entire unit. Residents B, C, D, E, F, G, H, I, J, K, and L were evacuated first to the lobby, then to a lounge in the Health Center and then assigned temporary rooms while their unit was dried and repaired.</p> <p>Interviews on 1/10/2012 with the Assistant Director of Nursing at 10:40 a.m., the Director of Nursing at 11:45 a.m., the Maintenance Director at 12:50</p>		R0090	<p>1. Administrator to timely report all unusual occurrences following state guidelines.2. All residents have the potential to be affected by this deficient practice.3. Administrator will review any potential unusual occurrences with Director of Health Services and home office support to assure reporting is appropriately filed.4. QA committee will review all potential unusual occurrences monthly to assure compliance with state guidelines X 3, and then quarterly thereafter.</p>		01/23/2012	

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	<p>p.m., LPN #1 who was working on the 400 unit when the break occurred at 12:31 p.m., RN #2 who was working on the Health Center when the break occurred at 1:17 p.m., LPN #2 who was working in the Health Center when the break occurred at 3:07 p.m., the Social Service Director at 3:30 p.m., Resident C at 11:10 a.m., Resident G at 1:20 p.m. and Resident F at 1:45 p.m. all confirmed a water line in the ceiling had burst about 4 a.m. on 1/4/2012 and caused immediate flooding of the unit with 4-5 inches of water on the floor of the rooms and the lobby before the firemen were able to shut off the water line.</p> <p>Interview 1/10/2012 with the Director of Nursing at 3:20 p.m. indicated she had called the corporate office and confirmed no one had reported this event to the State Office as required. The Executive Director had been on site that night, but was called out of town suddenly for an emergency and the Corporate Divisional Vice President indicated she had not reported the event to the State Office.</p> <p>This state finding relates to complaint IN00102189.</p>						